

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			/	51	/		/			
2		/	/			/	52		/	/			
3		/		/	/		53			/			
4		/		/			54		/	/			
5		/		/			55		/	/			
6	/			/			56	/		/			
7		/		/			57	/		/			
8		/		/			58	/		/			
9		/		/			59	/		/			
10		/		/			60	/		/			
11		/		/			61	/		/			
12		/		/			62	/		/			
13		/		/			63	/		/			
14	/			/			64	/		/			
15		/		/			65	/		/			
16		/		/			66	/		/			
17		/		/			67	/		/			
18	/			/			68	/		/			
19		/		/			69	/		/			
20		/		/			70	/		/			
21		/		/			71	/		/			
22		/		/			72	/		/			
23		/		/			73	/		/			
24		/		/			74	/		/			
25		/		/			75	/		/			
26		/		/			76	/		/			
27		/		/			77	/		/			
28		/		/			78	/		/			
29		/		/			79	/		/			
30		/		/			80	/		/			
31		/		/			81	/		/			
32		/		/			82	/		/			
33		/		/			83	/		/			
34		/		/			84	/		/			
35		/		/			85	/		/			
36		/		/			86	/		/			
37		/		/			87	/		/			
38		/		/			88	/		/			
39		/		/			89	/		/			
40	/			/			90	/		/			
41		/		/			91	/		/			
42		/		/			92	/		/			
43		/		/			93	/		/			
44		/		/			94	/		/			
45		/		/			95	/		/			
46		/		/			96	/		/			
47		/		/			97	/		/			
48		/		/			98	/		/			
49		/		/			99	/		/			
50		/		/			100	/		/			
TOTAL IND.	11						TOTAL IND.						
TOTAL DEP.	185						TOTAL DEP.						
TOTAL CLAIMS	196						TOTAL CLAIMS						